

OIL CONSERVATION DIVISION
P. O. BOX 2089
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
COUNTY	
CITY	
STATE	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
OPERATOR	

Carbon Energy, Incorporated

Address
P. O. Box 129 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-23-80 UNLESS AN EXCEPTION TO RULE 1104 IS OBTAINED.
Incompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.** R-6576 30-025-26734

DESCRIPTION OF WELL AND LEASE	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Aztec State 27	1	Undesignated <i>monument</i>	State, Federal or Fee State	30-025-26734
Location				
Unit Letter <u>K</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section <u>27</u>	Township <u>20</u>	Range <u>36</u>	NMPM, <u>Lea</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Basin, Incorporated	P. O. Box 2296 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Not yet determined	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>27</u> Twp. <u>20</u> Rge. <u>36</u>	No -----

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Hestv.	Diff. Hestv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
4-9-80	5-23-80	4330'	4190'						
Elevations (D.F., R.H., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
3588.0' GL	Grayburg	4120'	4090'						
Perforations	Depth Casing Shoe								
4120' - 4140' (2 jspf)									

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	385'	200
7 7/8"	5 1/2"	4329'	950
	2 7/8"	4090'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-23-80	5-22-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
18 hours	100	----	----
Number of Shut-in Tests	Oil-Bbls.	Water-Bbls.	Gas-MCF
90	90	220	TSTM

Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
Secretary-Treasurer
May 22, 1980

OIL CONSERVATION DIVISION
APPROVED *[Signature]*, 19____
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.